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11044 U.S. PTO

S-14-01

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Atty. Dkt. No. 088802-2940

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Schiffer, et al.

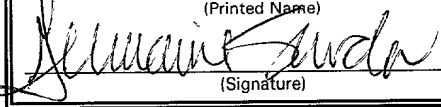
Title: KAINATE RECEPTOR SUBUNIT
GLUR7 POLYMORPHISMS FOR
DIAGNOSING PREDISPOSITION
AND FOR THERAPY OF MOOD
DISORDERS

Appl. No.: Unknown

Filing Date: May 11, 2001

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231	
EL536647268US	May 11, 2001
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Germaine Sarda	
(Printed Name)	
	
(Signature)	

JC872 U.S. PTO
09/854140
05/11/01

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Hans H. Schiffer
Stephen F. Heinemann

[] Applicant claims small entity status under 37 CFR 1.27

Enclosed are:

- [X] Specification, Claim(s), and Abstract (56 pages).
- [X] Informal Sequence Listing (1 page).
- [X] Application Data Sheet (37 CFR 1.76) (2 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	36	- 20	= 16	x \$18.00	= \$288.00
Independents:	5	- 3	= 2	x \$80.00	= \$160.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$1288.00
[X] Small Entity Fees Apply (subtract ½ of above):					= \$644.00
				TOTAL FILING FEE:	= \$644.00

- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date May 11, 2001

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